

54 Scott—Dundas-Grant: *Temporo-sphenoidal Abscess*

was comparatively small but was full of pus. She seemed much better after this but was kept under observation. Five days later she had an attack of feverishness, temperature rising from normal to 103° F., and appeared to have an attack of "influenza," the feverishness gradually passing off and the temperature becoming normal in three days.

January 8, 1927.—Blood-count: White cells = 16,400. January 9, 1927.—Blood-count: White cells = 16,500.

After the feverishness ceased the pulse became abnormally slow, on two occasions 56 and 48 respectively—but was most of the time between 70 and 80.

About January 8 when the temperature was normal the nurses noticed that she was irritable, and was asking why she should not sit up and wash herself, like other patients in the ward. She was annoyed with herself because she could not remember the names of various articles. She did not sleep well.

On January 10 I decided to explore the brain because she called a coat button "an envelope," and keys she called an "envelope," though she could read and spell and count accurately. She could distinguish any coins quickly and correctly, but a medallion puzzled her. There was no contraction of the visual fields.

The same night a large collection of pus was found in the left temporo-sphenoidal lobe immediately above the mastoid antrum, and the headaches have been relieved ever since.

Right Cerebellar Abscess.

By SYDNEY SCOTT, M.S.

S. B., GIRL, aged 12, complained of chronic discharge from right ear. For three days before admission to St. Bartholomew's Hospital on November 9, 1924, she had had earache, giddiness and was sick. Right mastoid region œdematous and tender; offensive purulent discharge from tympanum. Schwartz's operation. Extradural abscess discovered. Sigmoid sinus opened, clot removed. Owing to rigors, occurring November 14 and 15, 1924, internal jugular vein ligatured; rigors and pyrexia then ceased.

November 20 to 23, 1924.—Headache.

November 26, 1924.—Nystagmus to the right, ataxia hypotonia; dysmetria and dysdiadokokinesis on right side.

Cerebellar abscess opened; 2 drachms of foul pus evacuated (hæmolytic streptococcus and *Bacillus proteus* isolated).

February 4, 1925. Radical conversion and plastic operation.

February 11, 1925.—All signs of cerebellar lesion had disappeared. Patient has remained well since.

Temporo-sphenoidal Abscess.

By Sir JAMES DUNDAS-GRANT, K.B.E., M.D.

[The complete history is to be found in the *Transactions of the Otological Society* (February 1902) and in the *Journal of Laryngology* (March 1902)].

The favourable factor in this case was probably the short duration of the abscess and the absence of anything in the way of a rigid capsule to interfere with the obliteration. No plastic measures were taken, but the state of the lining of the walls of the mastoid "operation-cavity," as shown before the Section in March 1924,¹ was quite perfect.

¹ *Proceedings*, 1924, xii (Sect. Otol.), 73.